STUDY TO IDENTIFY THE REASONS OF DELAY IN TPA PROCESS AND TO ACHIEVE TIMELY PROCESSING OF TPA CASES IN MEDANTA – THE MEDICITY, GURUGRAM.

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Vaidik Kumar Goud

Under the Supervision and Guidance of

Dr Arindam Das
Professor and Dean Research
IIHMR University, Jaipur

2023

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DECLARATION BY THE STUDENT

I hereby declare that this dissertation titled **Study to identify the reasons of delay in TPA process and to achieve timely processing of TPA cases in Medanta – the Medicity, Gurugram** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Vaidik Kumar Goud

Date:

CERTIFICATE

Global Health Limited

Date: 02.06.2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Vadik Kumar Goud** has completed his **Internship** in the department of **Medical Administration & Clinical Operations** from 01.03.2023 to 31.05.2023 with Global Health Ltd. (GHL) Medanta – The Medicity.

We wish him all the best for his future endeavors.

For **GLOBAL HEALTH LTD**

MEDANTA, THE MEDICITY GHL Gurugram

ASHISH ADHIKARI

GENERAL MANAGER - HUMAN RESOURCES

CERTIFICATE

This is to certify that dissertation titled **Study to identify the reasons of delay in TPA process and to achieve timely processing of TPA cases in Medanta – The Medicity, Gurugram** is a record of the research work undertaken by Vaidik Kumar Goud in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific and analytical.

Dr Arindam Das
Professor and Dean Research
IIHMR University, Jaipur

Date:

Dr (Col) Mahendra Kumar
Dean – Institute of Health Management Research
IIHMR University, Jaipur

Date:

ABSTRACT

A third-party administrator in a hospital is a bridge that connects the policyholders and insurance companies. Insurance companies outsource their claims processing to third parties. Thus, such companies are often called third-party claims administrators. In India TPAs are regulated by Insurance Regulatory and Development Authority of India (IRDAI). The IRDAI is a statutory body under the jurisdiction of Ministry of Finance, GOI and is tasked with regulating and licensing the insurance industries in India.

Looking after the areas of discharge as well as TAT monitoring is very significant in efficient performance of any TPA. Eliminating the possible delays in TPA process is very important when it comes to the satisfaction levels of the patients and also for image of the hospital.

This study focuses on identifying the delays in the TPA process in Medanta – The Medicity and achieving timely processing of TPA cases. The data collection was done both manually and also from HIS of the Organization for various parts of the complete claim settlement. A Root Cause Analysis was done regarding the main reason of delay that was identified and which is "Incomplete information/documents being sent for claim processing." Also a Failure Effect Mode Analysis was carried out to determine the failures, their effect, mode and correctional step.

The results obtained showed where the delays were occurring before and after collection of the pre-authorization form along with delays on the day of discharge. It was concluded that different areas of the total claim settlement process like filling of the pre-authorization form, replying to an incoming query, coordination in the billing and floor processes required some corrections so that the delays could be dealt.

For improvement of the lagging areas, various recommendations were given, which if incorporated in the working, can help deal with the delays and make the process of claim settlement a timely one. This would be beneficial for both, the patients and the hospital as it would result in patients having access to good quality of healthcare services without suffering a burden of financial expenses and faster the claim settlement, faster the bed turn-around time and better the business of the hospital.

ACKNOWLEDGEMENT

A journey is easier when you travel together. This project report is the result of three months of training whereby I have been supported by many people. It is very pleasing for me that now I have the opportunity to express my gratitude to all of them.

I convey my heartfelt thanks to Dr Naresh Trehan, Chairman and Managing Director, Medanta – The Medicity, Gurugram for granting me the opportunity to work and learn in this resourceful organization.

I express my sincere gratitude to Ambili Vijayaraghavan ma'am, Hospital Director for granting me the enviable honour and privilege to work and learn as an intern at Medanta – The Medicity during my internship period and to provide all the timely guidance and advice needed.

I'm thankful to Mr Pankaj Sahni, CEO for being a guiding light which made the project a success.

I'm also thankful to Mr Sushant Kathuria, Ms Shrinkhala Dawar and Mr Rahul Khandelwal for all the help they provided and solved my problems timely.

Vaidik Kumar Goud
MBA-HOM – 26th Batch
IIHMR University, Jaipur

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ABBREVIATIONS

CTVS	CARDIOTHORACIC AND VASCULAR SURGERY
D/C	DISCHARGE
DOA	DATE OF ADMISSION
DOD	DATE OF DISCHARGE
FEMA	FAILURE MODE EFFECT ANALYSIS
HIS	HOSPITAL INFORMATION SYSTEM
IPD	IN PATIENT DEPARTMENT
MT	MEDICAL TRANSCRIPTIONIST
PRE-AUTH	PRE AUTHORIZATION FORM
PCS	PATIENT CARE SERVICES
RIRS	RETROGRADE INTRARENAL SURGERY
RCA	ROOT CAUSE ANALYSIS
TPA	THIRD PARTY ADMINISTRATOR
UHID	UNIQUE HOSPITAL IDENTIFICATION NO
WS	WARD SECRETARY

Hospital Profile

Medanta – The Medicity

INTRODUCTION

medanta
THE MEDICITY
dedicated to life

Medanta – The Medicity is the India’s best and one of the largest private multi-super specialty hospital located in the bustling town of National Capital Region which is Gurugram. The hospital is founded by eminent cardiac surgeon Dr Naresh Trehan and is aimed at bringing together in our country, the highest level of medical care, clinical research, education and training. The hospital boasts of winning the private hospital award of the country for four consecutive years now from 2020-2023.

In order to promote collaborative, multidisciplinary research and more quickly translate scientific advances into new methods of diagnosis and treatment of patients for disease prevention, Medanta - The Medicity has an exceptional pool of physicians, scientists, and clinical researchers. Medanta is a one-of-a-kind facility that is ranked among the top 250 hospitals in the world.

Through scientific research, Medanta - The Medicity proposes to investigate the viability of fusing traditional and alternative medical knowledge with that of modern medicine.

The hospital is led by Dr Naresh Trehan who is an Indian surgeon born on August 12, 1945 and specialises in cardiothoracic surgery. He is Medanta-The Medicity's chairman, managing director, and chief heart surgeon. Since 1991, he has been the president of India's personal physician. He is the recipient of many international and national honours.

Medical Technologies

The flagship facility of Medanta group in Gurugram offers the most advanced technologies such as:

- 256 Slice CT
- 3.0 Tesla MRI
- Artis-Zeego Endovascular Surgical Cath Lab
- Artemis MRI/TRUS Fusion Prostate Biopsy solution
- BrainSUITE with intra-operative Imaging
- Cataract Suite
- Contoura Vision FemtoLASIK
- CT Scan on wheels
- Cyberknife
- Da Vinci Surgical System
- Densiometry
- DEXA Scan
- GAIT Analyser
- Gamma Camera
- Integrated Brachytherapy Unit
- Linear Accelerators
- MRI – Spine
- Mammography
- MRI guided vacuum assisted breast biopsy
- O-Arm
- PET CT Heart
- PET Scan
- Radiosurgery Suite
- Renal DTPA Scan
- Tomotherapy

Hospital Philosophy

Vision & Values

The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

Mission

Our mission is to deliver world class health care services by creating institutes of excellence in integrated medical care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.

Objectives

- To establish integrated tertiary care services incorporating over 20 super specialties of the highest quality.
- To form an integrated approach to achieve this where Pharmaceutical research, Biotechnological research and healthcare delivery are conducted seamlessly.
- To incorporate the strengths of traditional and modern medicine to create newer therapies.
- To exploit potential of global healthcare by leveraging technology and hospitality services.
- To leverage the strengths for value added service in research and development and other domains.
- To provide world class education and training.

Institutes

FLOOR	INSTITUTES
14th	INSTITUTE OF LIVER TRANSPLANTATION & REGENERATIVE MEDICINE
12th	KIDNEY AND UROLOGY INSTITUTE
11th	INSTITUTE OF DIGESTIVE & HEPATOBILIARY SCIENCES
10th	CANCER INSTITUTE
9th	INTERNAL MEDICINE
8th	ENT & HEAD NECK SURGERY, OPHTHALMOLOGY, GYNAECOLOGY, PLASTIC, AESTHETIC & RECONSTRUCTIVE SURGERY
7th	INSTITUTE OF MUSCULO-SKELETAL DISORDERS AND ORTHOPAEDICS
6th	INSTITUTE OF NEUROSCIENCES
5th	ENDOCRINOLOGY & DIABETES, PERIPHERAL VASCULAR & ENDOVASCULAR SCIENCES, RHEUMATOLOGY, DERMATOLOGY, AYURVEDA
4th	CTVS, CHEST SURGERY, CHEST ONCOSURGERY, LUNG TRANSPLANTATION, RESPIRATORY AND SLEEP MEDICINE, PAEDIATRIC
3rd	HEART INSTITUTE
2nd	PREVENTIVE HEALTH AND WELLNESS CENTRE
UG	BLOOD BANK, PHARMACY, EMERGENCY, SAMPLE COLLECTION, INTERNATIONAL PATIENT SERVICES, ADMISSIONS, RADIOLOGY, NUCLEAR MEDICINE
LG	RADIATION ONCOLOGY

NOTE: Medanta – The Medicity has recently introduced a fully resourceful and functional Gynaecology department in year 2023.

OBJECTIVES OF INTERNSHIP

- To complete the internship with full efficacy and efficiency.
- To understand the working of Medanta – The Medicity and to seek opportunities that will stimulate me and provide an invaluable experience.
- To groom myself as a management professional.

The main goal of the internship programme was to gain expertise and information about hospital management and operations. Several initiatives were carried out to achieve the goal. The tasks required a substantial amount of management participation. All duties needed the capacity to communicate clearly with others at work and to interact with the public.

I received an introduction to the functioning of the hospital. This was helpful for making judgements about future work as well.

DISSERTATION ON IDENTIFICATION OF THE REASONS OF DELAY IN TPA PROCESS AND TO ACHIEVE TIMELY PROCESSING OF TPA CASES IN MEDANTA – THE MEDICITY, GURUGRAM.

CHAPTER 1

INTRODUCTION

A TPA in a hospital is a bridge that connects the policyholders and insurance companies.The TPAs in hospital offers smooth claim settlement of the policyholders or the insured. Many firms are starting to employ third-party administrators, and the variety of responsibilities they handle is expanding. They play specific roles in the management of investment companies as well as the health insurance sector.

A TPA is a specialist healthcare service provider with IRDA (Insurance Regulatory and Development Authority) approval. TPA is a significant player in the managed care sector and has the know-how and capacity to handle all or part of the claims administration. In the case of cashless hospitalisation, the TPA makes the payment on behalf of the health insurance directly. Before the patient is admitted to the hospital, the TPA must first give their consent. After admission, authorization may be acquired in the event of an emergency hospitalisation. The insurance policy includes a health card, which you must present while checking into the hospital.

The following documents are required for filling a claim:

- Duly completed claim form
- Detailed discharge summary – Most important document
- Original bills, receipts, investigation reports and other documents from the hospital

Proper documents regarding any previous or pre-existing disease

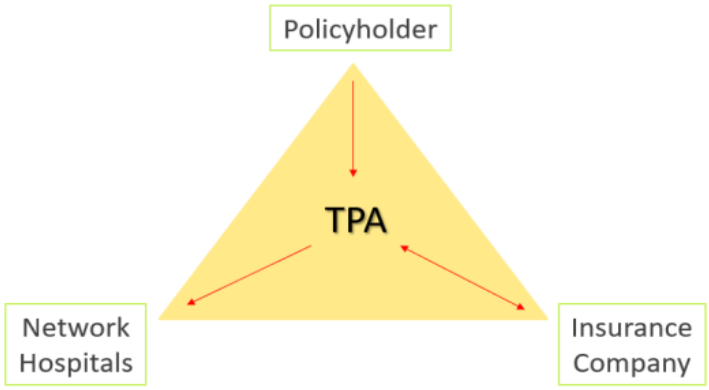

Figure 1.1 – TPA Interaction

Role of TPAs in Health Insurance

1. Issues Health Cards
A TPA issues health cards to policyholders that hold details such as the policy number and the name of the TPA, which is required to process the claims. It can be produced at the time of admittance and you can easily get your claims approved.

2. Helps with Hassle-Free Claim Settlements
An essential role of a TPA is to coordinate between the insurer and hospital for the claim settlement process. They check all the bills and documents submitted by the claimant and cross-check all details before approving a settlement.

3. 24/7 Toll-Free Helpline Facilities
Many TPAs provide 24/7 assistance to all policyholders. Claimants can easily get helpful answers during emergencies.

4. Treatment at Network Hospitals
TPAs build a strong network of hospitals, which is essential for cashless treatments. The policyholder can go for treatments in any of these network hospitals and the TPA will take care of the payments on behalf of the policyholder.

5. Keeps Accurate Records of Claims
Keeping the records of claims and other claim data, helps the insurance company keep track of all the settlements.

Functions of TPA

- Smooth processing of claims and claim settlements
- Assisting and approving cashless claims
- Disbursement of claims
- Giving network facilities
- Database maintenance
- Collecting premiums
- Cashless processing for approved hospitals
- Enrolment
- Reimbursing hospitals bills with cash

How TPAs in health insurance help policyholders

1. Provides Cashless Claim Facilities
If a policyholder gets admitted and stays for more than 24 hours in a network hospital, the policyholder can apply for a cashless claim (terms and conditions apply). The TPA collects relevant documents from the hospital and reimburses all expenses covered by the health insurance policy.

2. Assistance with Hospitalisation
TPAs provide health cards that allow patients' family members to avail of medical facilities from the insurer's hospital network.

3. Reduces Claim Processing Time
TPA helps in improving the quality of insurance services. They can take a lot of work off insurance companies, reducing the processing time for claims and payments.

4. Improves Standardisation
As TPAs serve the needs of a large number of hospitals and insurance agencies, they have standardised processes that are helpful for customers.

Background

The prompt and thorough handling of TPA cases has become a pressing issue. According to studies, patient dissatisfaction has been a result of cases being handled improperly and slowly. Therefore, it is crucial for a reputable hospital to restore patients' pleasure and gain their trust in the quality of care.

In order to improve the standard of patient care provided across all healthcare sectors, TPA cases must be managed effectively. To tackle these instances, a "whole systems approach" that is supported by effective communication and information systems is necessary. By doing this, the patient's journey is made simpler and supported by best practises. It is strongly advised that services be provided in accordance with the high quality and standards the hospital has established for itself.

This study is aimed at identifying loopholes in the smooth TPA processing and coming up with solutions by doing RCA (Root Cause Analysis).

Rationale

A well performing TPA department is indispensable in any hospital. In the present scenario of hefty expenses associated with good quality of healthcare services, it becomes very essential that the TPA processing should be smooth and timely to so that the very aim behind health insurance is achieved and which is protection of the insured from financial burden.

It should be noted that there are more than one types in the payer category when it comes to patients in the hospital like there are panel, cash, credit and insurance patient categories.

Amongst these, a significant chunk is occupied by insurance (TPA) patients. So, it becomes very significant for a hospital that all the TPA processing be timely which in turn would increase the patient satisfaction, increase the bed turnover rate and eventually would increase the revenue of the hospital.

This study focuses on understanding and correcting the loopholes that are identified, and suggesting recommendations by application of FEMA by understanding the cause and effect of major tasks in TPA department.

Objectives of the study

1) To determine the reasons of Delay in TPA process in Medanta – The Medicity, Gurugram for the month of April 2023

2) To identify better practices and suggest best implemental solutions.

CHAPTER 2

REVIEW OF LITERATURE

S. No.	Title	Authors and Year	Study Location	Study Type	Salient Features
1	Insured patients' discharge delays: causes and solutions.	Singh A, Ravi P, Lepcha K. 2018	India (W.B.)	Cross sectional Study	This study was carried out with two primary objectives. The first objective was to calculate the TAT of overall discharge process of insured patients and to find out the bottlenecks in the sub process. This study concludes that the major cause of delay in the discharge process of insured patients was the time taken for discharge summaries to reach the in-house TPA department, and the time taken by external insurance companies to give the approval after submitting the final bills and

					the discharge summaries.
2	Denial Management: How to Reduce Rejection and Streamline the Appeals Process in health care	Stephanie Dube Dwilson 2016	Australia	Retrospective Review	The reason behind the denials are found to be the manual errors in the department such as, miscoded procedures or documentation as per the American Medical News
3	Evaluation of health insurance and claim process at tertiary care hospital, Mangalore:	Anchan PS, Jathanna R, Marla A. 2011	India	Cross Sectional Study	The study was carried out with the objectives to study and understand the current claim process of existing health insurance schemes, to identify the barriers in the claim process at the hospital level and to study the consumer awareness and satisfaction in health insurance. Results showed that there is an overall delay in query justification followed by preauthorisation, preparation and faxing.

					Policyholders were not fully aware about health insurance, 50 per cent of policyholders knew what Third Party Administrator (TPA) means and consumers were not fully satisfied with health insurance.
4	Patient satisfaction factors with in house Third Party Administrator (TPA) department of a tertiary care hospital	Singh A, Ravi P, Lepcha K. 2021	India	Cross sectional study	Two identifiable factors explained 57% of the total variance and are named as 'Physical evidences' and 'Professionalism'. These two identifiable factors have significantly and positively affected patient loyalty of insured patients towards the hospital.

5	Challenges in provider payment under the Ghana National Health Insurance Scheme: a case study of claims management in two districts.	Sodzi-Tettey S, Aikins M, Awoonor-Williams JK, Agyepong IA. 2012	Ghana	Retrospective review and a prospective observation	There were administrative capacity, technical, human resource and working environment challenges contributing to delays in claims submission by providers and vetting and payment by schemes. It was concluded that Ghana's NHIS needs to reform its provider payment and claims submission and processing systems to ensure simpler and faster processes. Computerization and investment to improve the capacity to administer for both purchasers and providers will be key in any reform.

CHAPTER 3
METHODOLOGY

The project initiated with the study of the whole process of TPA cases. It begins with getting the pre-auth form filled by the patient that is being provided to them to patient being getting discharged after clearance made post final approval.

The project conducted was in the month of April in 2023 and it went as follows:

1. Understanding the TPA process.
2. Preparing an action plan.
3. Data Collection and Analysis.
4. Coming up with suitable recommendations.

The study undertaken for this work is a quantitative study for which precise data was collected for 350 cases. The sampling done is purposive sampling.

The study design is cross-sectional study.

MS Excel was the tool that was used for the data analysis.

Understanding the Process Flow:

When we are working on a goal, you may visualise each successive step by using a process flow which is one of the most effective way of gaining an understanding of the process that exists.

Process flow helps in visualising the stages in form of a diagram or flowchart. A Process Flow hence basically is a visual aid for picturing work processes that helps in showing the link between inputs, output and the tasks.

Two main purposes of process workflows are explaining the working of the process and improving overall process efficiency. Having a process flow has it's own benefits which are explained in the page following.

Benefits of Process Flow:

1) Standardizes business process flow
2) Optimizes resource utilization
3) Updates and trains employees.
4) Improving processes
5) Mitigates risks
6) Increases visibility and transparency
7) Assigns roles
8) Proper interaction

The process began with understanding of how the process was working. A process flow was developed and track of activities taking place was monitored.

Process flow of both the TPA activities and the discharge process activities that happen that take place on the floors was understood as these departments communicate and coordinate with each other at the time of claim settlement of the patient.

Process Flow:

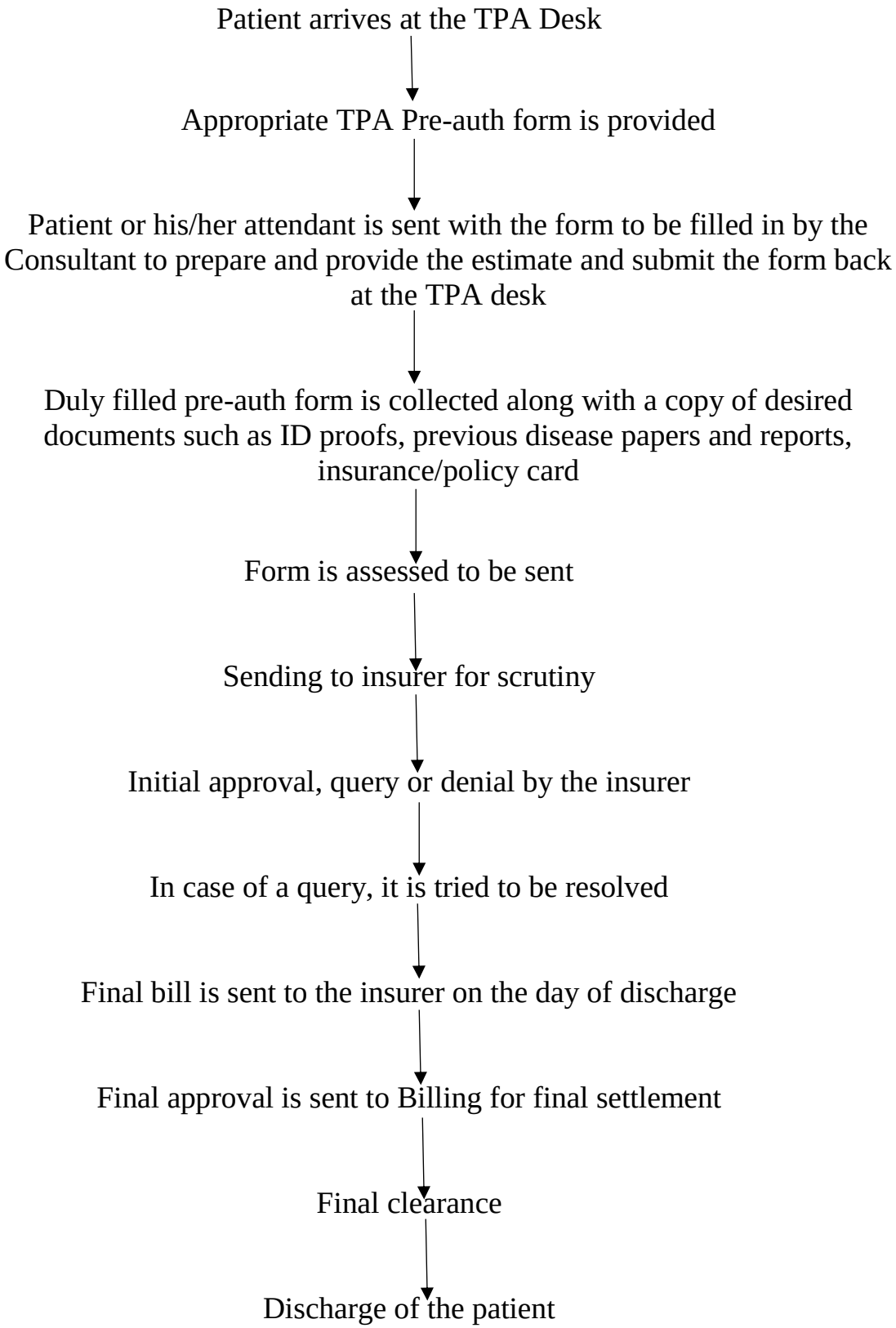

Figure 3.1 – TPA process flow chart

Discharge process flow at floors for the TPA patient:

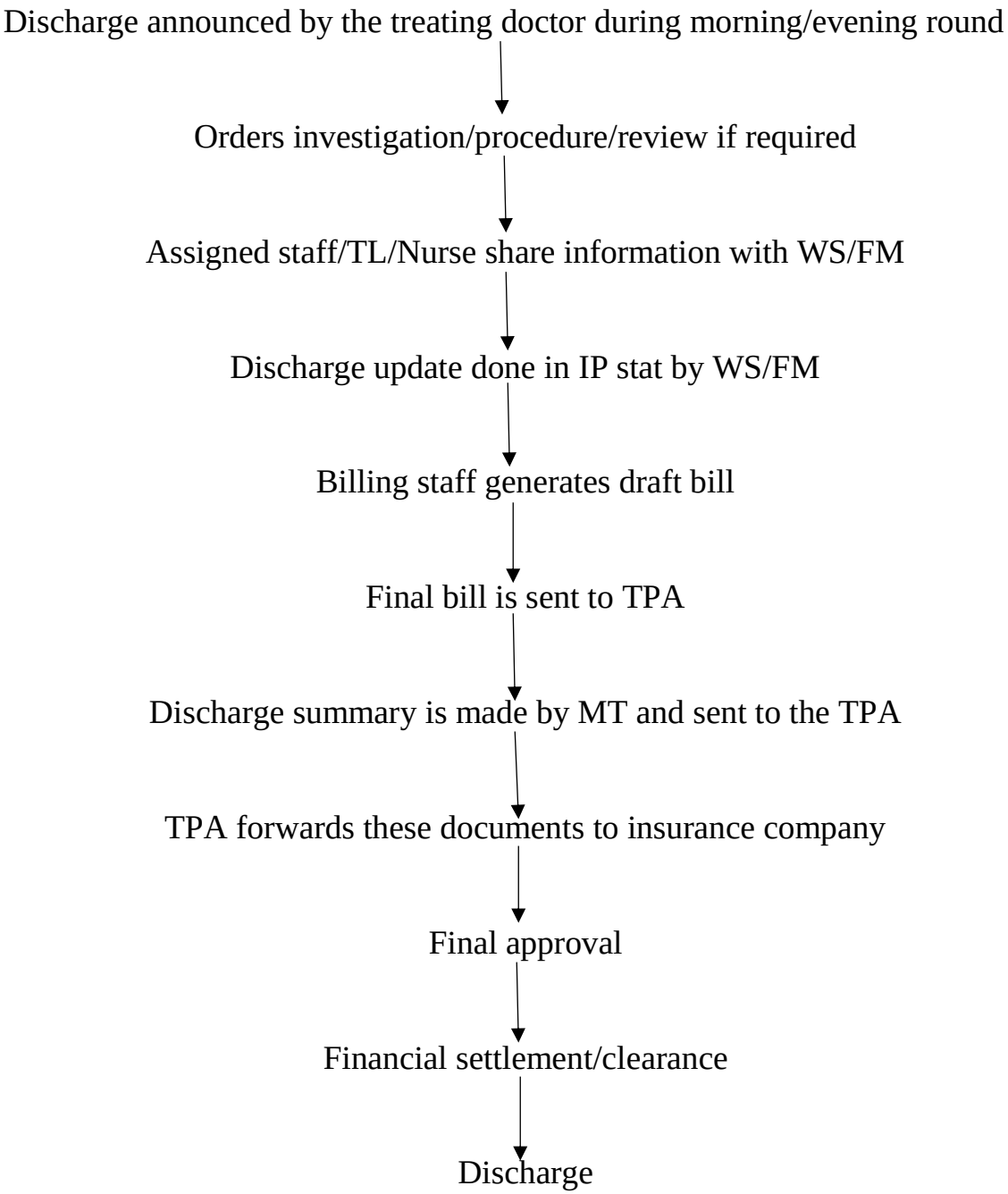

Figure 3.2 - Discharge process flow at floors for the TPA patient

Note:

1) The confirmation and follow-up takes place continuously until the approval is received or denied
2) If the TPA requires any assistance from the floors, then it is provided by the Floor Manager mostly
3) Once the final approval comes and the bill is ready, the floor team informs the Patient side for final clearance.

Other activities at TPA:

- Maintaining an excel sheet data for all the patients.
- Giving updates to other hospital personnel as and when required.
- Timely information to the patient side about the approval status.

Time taken in each step was studied and accordingly the observations were made about where there is a scope of any correction.

Data Collection:

Data collection is the process of gathering accurate data from a variety of relevant sources to find answers to research problems. Correct analysis depends on accuracy of data collection.

The data collection took place both manually and also through the HIS. Observation was very helpful in data collection in TPA case processing as it is a multi-step process. The total data collected is more than 20% of the total cases for the month of April, 2023.

Observation

It was realized that “Incomplete information/documents being sent for claim processing” is major reason for most of the queries and extra time that is being taken.

Hence a RCA was done in order to understand the reason behind sending incomplete information to TPA.

RCA (Root Cause Analysis)

Root Cause Analysis or RCA is the process of locating the problems' underlying causes in order to choose the best solutions. RCA believes that systematically preventing and resolving fundamental problems is significantly more effective. The Ishikawa diagram is provided below:

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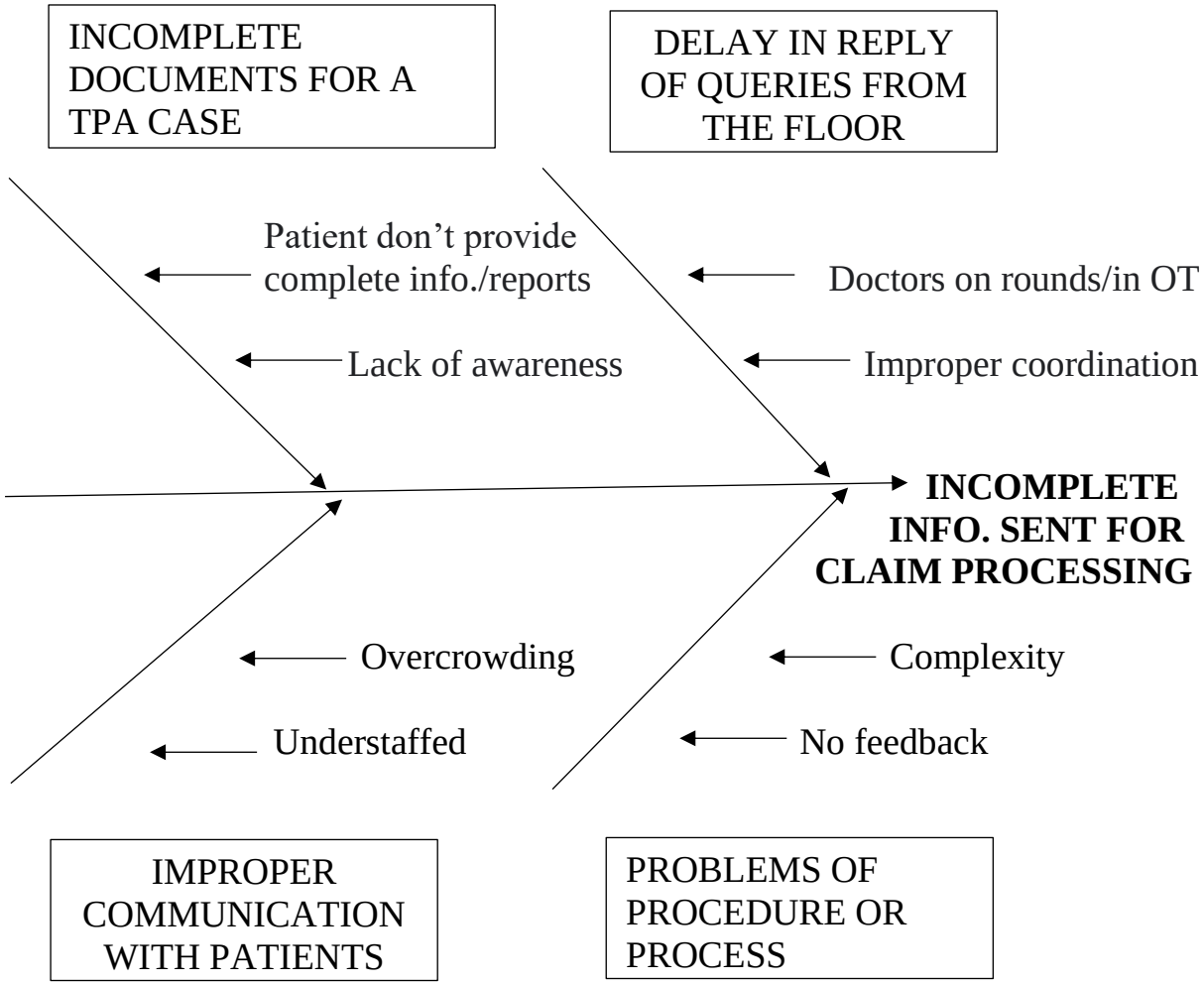

Figure 3.3 - CAUSE AND EFFECT DIAGRAM

It is seen from observation and analysis that lack of documents is main reason behind sending incomplete information to TPA. There is a requirement of supporting medical documents like ER notes, medication chart, supporting investigations etc along with the pre-auth form to lessen the chances of occurrence of queries. Also along with insufficiency of documents/information, other reasons associated with process, communication/counselling of patients along with them providing all the necessary documents timely and delay in action taken for settling a query internally are contributors in the main effect.

FEMA (Failure Mode Effect Analysis)

There were more than one causes for non-processed working. In order to understand the cause and effect of the tasks further, FEMA (Failure Mode Effect Analysis) is conducted to analyse the problem. The problem/failures are considered along with their mode and effect which are analysed followed by suggesting recommendations.

Certain observations regarding the flaws are effectively mentioned in the table provided below.

TABLE 3.1 - FEMA SHEET

S. No.	FAILURE	MODE	EFFECT	RESPONSIBILITY	SOLUTION
1	The forms had patient's incomplete documents relating to the medical aspect (IPD papers)	TPA desk misses to take the information in the forms that are submitted	Query is raised	Management protocol for processed working	Forms should preferably be filled at the TPA desk, no incomplete information should be taken in order to avoid repetition and time wastage
2	Some instances of TPA forms resting on pre-auth counters itself	GDAs sometimes arrive late to collect the forms for sending them timely	More time taken	TPA department	Time slots to be fixed for collecting the forms from outside desk regardless of the number of cases that arrive and regardless of busy hours.

3	The supporting documents are not sent along with the form	They do not arrive from concerned departmen t like ER, OPDs	Query or Denial from TPA	Concerned departments	If supporting documents are sent with all the pre-auth forms, most of the medical queries can be avoided to a large extent
4	Incomplete reports being sent by the TPA	Patients miss to provide all the reports or hide the total informatio n	Query or Denial from TPA	TPA Desk and Patients	Proper counselling and knowledge to patients about queries or denials in their cases can help prevent this issue
5	Instances (rare) of improper estimate being prepared by TPA	TPA desk misses to take full informatio n, Patient changes the room category	Query from TPA	TPA desk, Patients	More clear and specific communication

6	Delays due to the pre-auth form being given to the patient side to be filled by doctor which takes some time and in rare cases are even lost	Staff shortage	Patient gets annoyed and unsatisfied	Management protocol for processed working	The PCS staff should collect all forms and get them filled by the doctors to avoid timely filling of the form.
7	Lengthy pre-auth forms being filled by the patient side only	Staff shortage/ Low multitaski ng	Patient gets annoyed and unsatisfied	Management protocol for processed working	It is better that the forms be filled by an assigned staff and the relevant information be collected from the patient side
8	Lack of access to IPD files by the TPA executives	Lack of sufficient HIS system linkage to TPA	More time being consumed	Management protocol for processed working	Query settling would be faster if the TPA personnel would have a direct access to IPD file of the patient and would themselves fetch any required document for responding to a query from HIS

9	Late reply of TPA queries from the floors	Workload and less multitaski ng	Time wastage and patient gets unsatisfied	Floor Managers	Alertness and timely reply from the floors
10	Rare instances of doctors filling incomplete forms like treatment duration, estimates etc.	Lack of informatio n	Query from TPA	Doctors and management	Internal monitoring and verification
11	Delays in final approval	Delay in receiving the discharge summary and activity of the case, late moment reviews	Time wastage in discharge	Doctors and Floor team	Encouraging more planned discharges.

12	TPA executives are not timely aware about the exact time when any update comes for ant TPA case	Unavailability of a staff dedicatedly working on updates	More time elapsed	TPA department and Management	There should a staff that timely updates about any revert that comes regarding any TPA case

CHAPTER 4

RESULTS

1) Time study for receiving duly filled pre-auth forms

Table 4.1- Time taken for receiving duly filled pre-auth forms

TIME	TIME STUDY	TIME TAKEN (in minutes)
T1	Time taken by patient to fill the form	10.40
T2	Time taken by doctor to fill the form	56.36
T3	Time taken at TPA desk for pre-auth processing	3.25

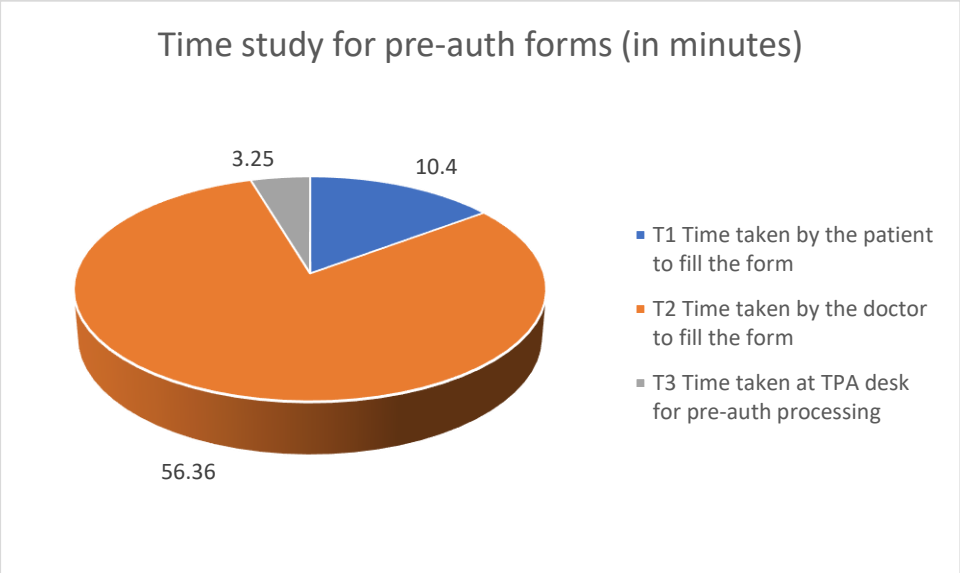

Figure 4.1 – Time study for pre-auth forms

It is very much clear from Figure 4.1 that the maximum time was spent in getting the pre-auth forms filled by the doctors between giving the pre-auth forms to the patient side and getting duly filled form to be processed.

Through the analysis, the above figure (Figure 4.1) is suggestive of the fact that nearly 80% of the total time taken for getting the pre-auth form duly filled is taken up for getting the doctor's portion completed.

2) Time study after receiving pre-auth forms

Study of time elapsed between receiving and replying to an incoming query after initial request

This study has 3 main integral components that are required to be studied individually

Part 1: Time taken between receiving of query in TPA and sending that query for receiving appropriate information/documents internally

Table 4.2 – Time taken between receiving and sending query internally by TPA

TIME TAKEN (IN HOURS)	PERCENTAGE OF CASES
0-1	16.4%
1-2	36.2%
>2	47.4%

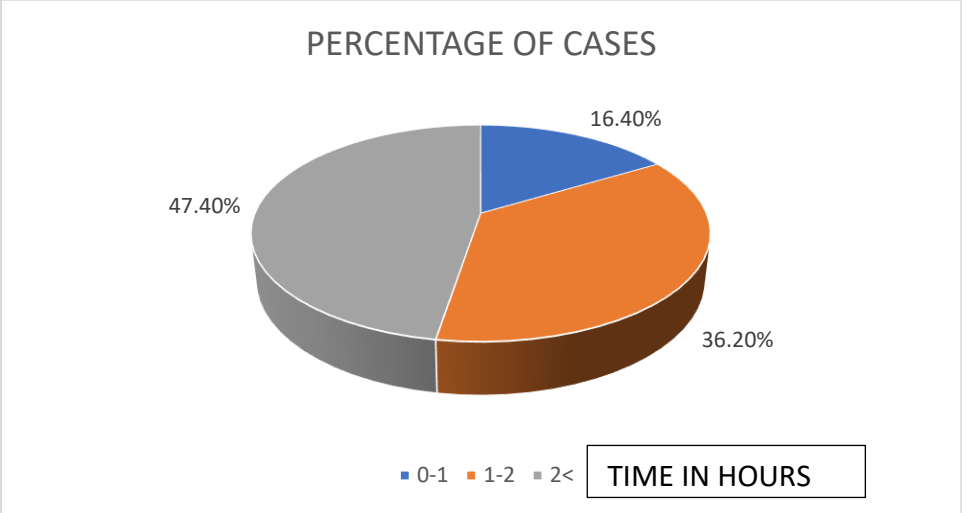

Figure 4.2 – Time taken between receiving of query in TPA and sending it for receiving appropriate information/documents internally

From Figure 4.2 it can be seen that in nearly half of the cases it is taking more than 2 hours for the query information to be sent internally for receiving the documents/information that is required so that it could be used for further processing.

Part 2: Time elapsed between sending the query internally by TPA and receiving the appropriate documents/information that is required for it to be resolved by the provider.

Table 4.3 – Time taken between receiving and sending the TPA query internally by departments

TIME TAKEN (IN HOURS)	PERCENTAGE OF CASES
0-1	19.5%
1-2	49.2%
>2	31.3%

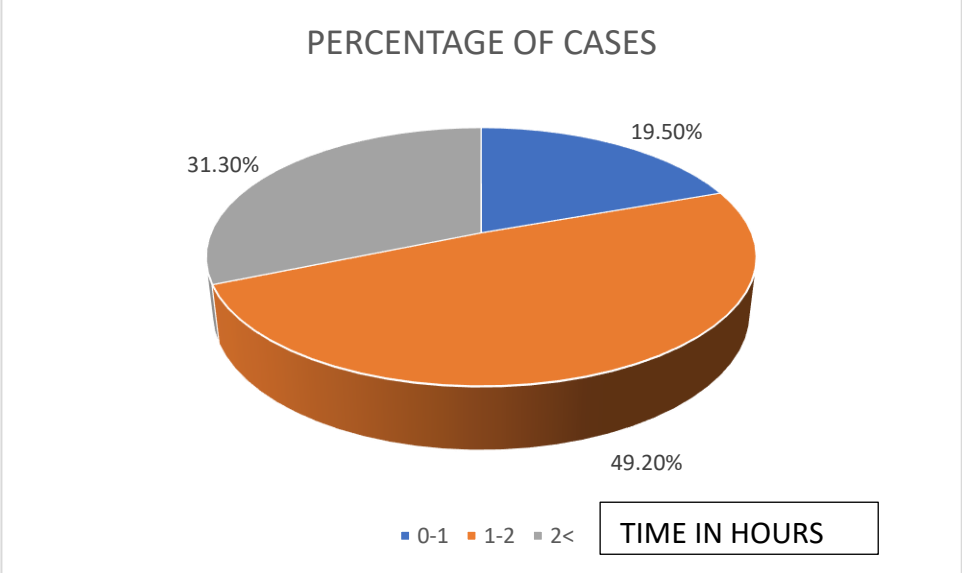

Figure 4.3 – Time taken between sending the query internally by TPA and receiving the appropriate documents/information that is required for it to be resolved by the provider.

From Figure 4.3 it can be seen that in 68.7% of the cases the reply for the query that is being sent internally arrives in the TPA department within 2 hours. However in 31.3% of the cases the time exceeds to beyond 2 hours.

There are some queries that could be answered through the IPD files of the patients and in some cases it requires the inputs from the treating doctors and depending upon their availability these queries are being replied. Another reason for delay is that the designated managers of the internal departments from where the reply is expected are already occupied by multiple tasks in hand, particularly in the mornings.

Part 3: Time taken between receipt of query reply internally by the TPA and sending it to the provider to be resolved.

Table 4.4 - Time taken between receipt of query reply internally by the TPA and sending it to the provider.

TIME TAKEN (IN HOURS)	PERCENTAGE OF CASES
0-1	15.7%
1-2	32.6%
>2	51.7%

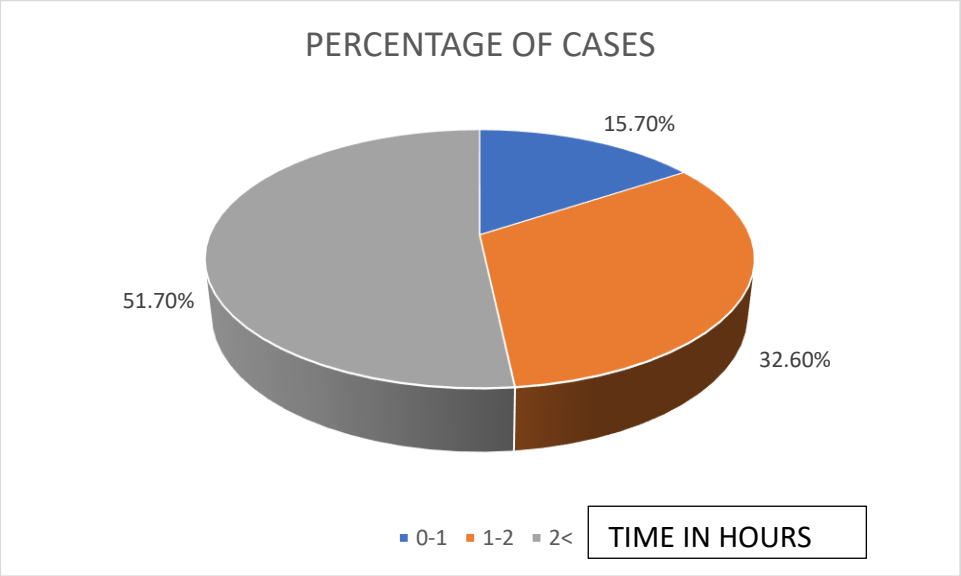

Figure 4.4 – Time intervals taken by TPA department between receiving of query reply internally and sending it to the provider to be resolved for TPA cases

Figure 4.4 is suggestive of the fact that time is elapsed in sending the query reply that arrives from departments internally to the provider by the TPA department. It is taking more than 2 hours in 51.7% of the cases.

3) Time study for the DOD (Day of Discharge)

Study of time interval between receiving discharge summary from the floors and receiving final bill from billing.

Table 4.5 – Time elapsed between receiving final bill and discharge summary by TPA

TIME STUDY	PERCENTAGE OF CASES
Time taken under 30 minutes	46.67%
Time taken more than 30 minutes	53.34%

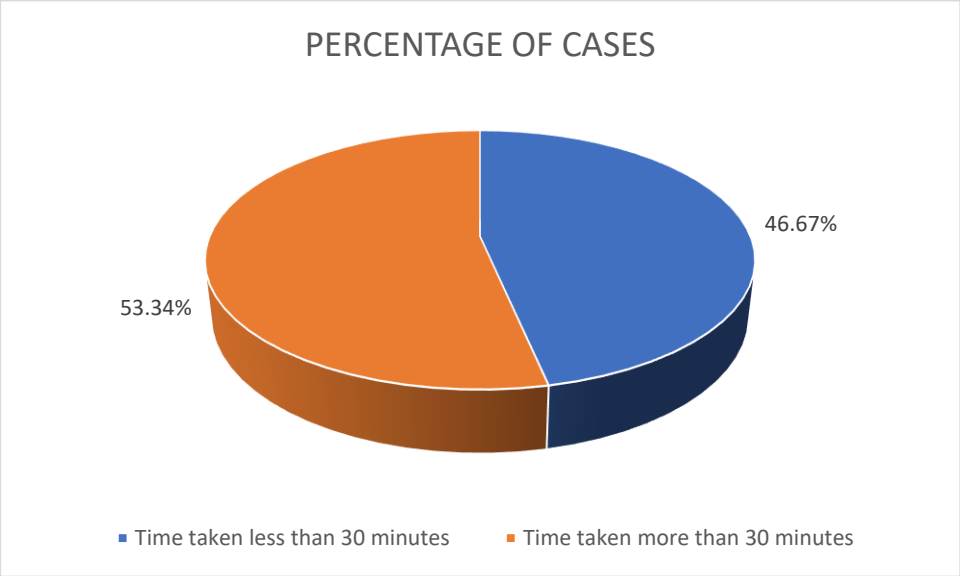

Figure 4.5 – Time study to check the time difference between receiving the discharge summary and final bill in the TPA department

From Figure 4.5, it can clearly be seen that more than half the cases are not meeting the accepted standard time interval that is being followed in the hospital between receiving the discharge summary from the floors and receiving the final bill from billing.

4) Study of time interval taken for receiving the final approval after sending the final request

Table 4.6 – Time interval for receiving the final approval

TIME TAKEN IN HOURS	PERCENTAGE OF CASES
0 - 1	19%
1 - 2	34%
2 - 3	21.33%
3 - 4	9.33%
4 - 5	6.34%
>5	10%

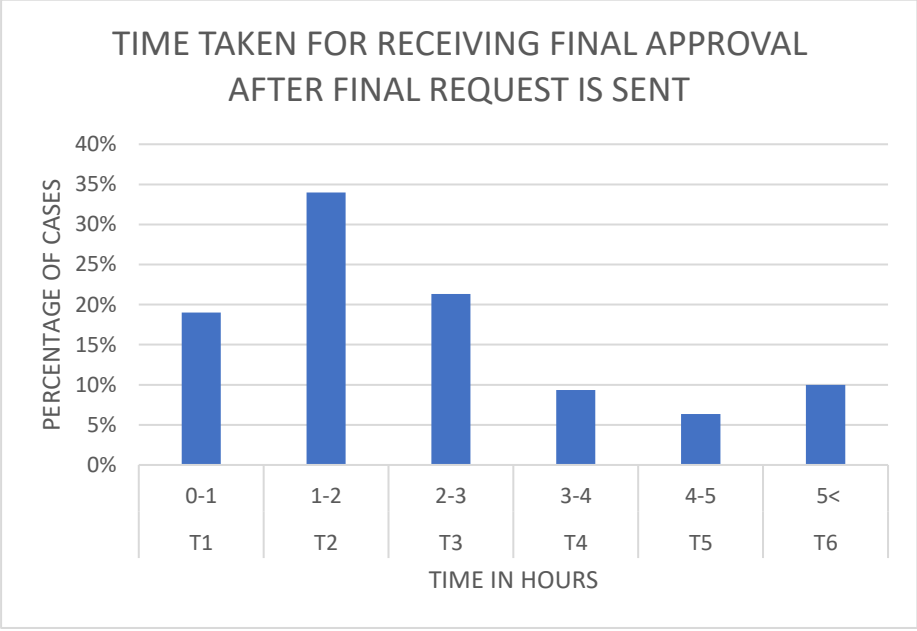

Figure 4.6 – Time study to check the time taken by the provider to give the final approval after receiving the final request from TPA department

NOTE: There are certain conditions in which the total process of approval may even take more than a day like in cases of case summary pending, external query response required from patient side, certain surgical procedures that are not covered by certain providers such as some robotic surgeries, RIRS.

CHAPTER 5

DISCUSSION

Handling of the TPA cases is not something that involves only one person. A TPA case processing is a multi-step process that involves inputs from the TPA department and also from other personnel in the departments of the hospital like IPD, OPD etc.

The individuals concerned should be involved and kept fully informed by regular reviews and updates of the cases. It requires the dedication of the staff to give all the patients highest quality of services which they expect and deserve.

It was realized that "Incomplete information/documents being sent for claim processing" is major reason for most of the queries and extra time that is being taken. Hence a RCA was done in order to understand the reason behind sending incomplete information to TPA.

It was seen from observation and analysis that lack of documents is main reason behind sending incomplete information to TPA. There is a requirement of supporting medical documents like ER notes, medication chart, supporting investigations etc along with the pre-auth form to lessen the chances of occurrence of queries. Also along with insufficiency of documents/information, other reasons associated with process, communication/counselling of patients, patients providing all the necessary documents timely and delay in action taken for settling a query internally are contributors in the main effect.

Delays in the process

1) Delay in receiving duly filled pre-auth forms

It was observed that majority of the time in getting the pre-auth form completed was taken up in getting the doctor's part completed. This was due to the reason that the pre-auth form was given to the patient side itself. It was also observed that in some cases that the form was left unfilled for more than a day specially if the doctor was busy in some procedure and later the doctor could not be traced by the attendant. If the form could have been given to the PCS staff to get it filled then they could better coordinate with the doctor as per their timings and also with the coordinator of the doctors and can possibly make this task a bit more hassle-free and time saving.

2) Delay after receiving pre-auth forms

For understanding the delays after receiving the pre-auth forms the study was conducted in 3 parts.

Part 1: Time taken between receiving of query in TPA and sending that query for receiving appropriate information/documents internally

It was seen that in nearly half of the cases it is taking more than 2 hours for the query information to be sent internally for receiving the documents/information that is required, so that it could be used for further processing.

The main reason identified for this delay is that the query updating process is not happening timely as a result of which the TPA personnel usually takes up some time for forwarding that query for it to be resolved internally.

Part 2: Time elapsed between sending the query internally by TPA and receiving the appropriate documents/information that is required for it to be resolved by the provider

It was seen that in 68.7% of the cases, the reply for the query that is being sent internally arrives in the TPA department within 2 hours. However in 31.3% of the cases the time exceeds to beyond 2 hours.

The TPA department requires the responses from internal departments of the hospitals for getting an answer to the query. A solution of this problem could be that the TPA personnel can be made to allow an access to the IPD files through the HIS so that they themselves can fetch the required documents/information for forwarding and settling the raised query.

Part 3: Time taken between receipt of query reply internally by the TPA and sending it to the provider to be resolved.

It was seen that time is elapsed in sending the query reply that arrives from departments internally to the provider by the TPA department. It is taking more than 2 hours in 51.7% of the cases.

3) Delays on the DOD (Day of Discharge)

For understanding the delays that occur on the DOD, study of time interval between receiving discharge summary from the floors and receiving final bill from billing was carried out.

It was seen that more than half the cases are not meeting the accepted standard time interval that is being followed in the hospital between receiving the discharge summary from the floors and receiving the final bill from billing which is 30 minutes.

The TPA department has to wait for more than 30 minutes in majority of the cases before sending these documents for the final approval. If the activities of the cases and the discharge summaries are sent to the Billing and TPA departments respectively on time then this issue can be dealt with.

Encouraging more planned discharges, timely return of the medication, and eliminating problems of any pending orders are the major steps that can be taken to reduce the delays that occur in sending the activity and discharge summaries.

4) **Study of time interval taken for receiving the final approval after sending the final request**

It was seen that nearly in 75% of the cases, the approval came from the end of the insurer within 3 hours of sending the final request by TPA. However, in some cases it took significantly more time for the approvals to come.

Hence it is very essential that the TPA and all concerned departments should work in coordination with another in order to ensure that there is no compromise in quality of care and that the patients have access to highest quality of care that they expect and deserve without facing the financial burden which is the ultimate objective of having a health insurance.

LIMITATIONS OF THE STUDY

1. The study cannot be generalised for the whole year as the data is collected and study is carried out for a month.

2. Observations were made by being present at only one department at a time which was the TPA department majorly but a better understanding of the study could have been possible by making observations at different departments as TPA case processing is a complex process and involves the input from other departments also.

CHAPTER - 6

CONCLUSION IN REFERENCE TO THE OBJECTIVES

The TPA department in the hospital plays a very significant role in relation to both, the patient's satisfaction as well as for the hospital's image and business.

TPA process is a complex one that have many steps and internal departments involved. This study was undertaken concerning the delays in TPA process and achieving timely processing of TPA cases. For that a RCA was done.

1) As realized from the RCA we can say that:

"Incomplete information/documents being sent for claim processing" was identified to be the major reason for most of the queries and extra time that was being taken and for this RCA was done.

It was seen from analysis that lack of documents is main reason behind sending incomplete information to TPA. Also along with insufficiency of documents/information, other reasons associated with the process, communication/counselling of patients, them providing all the necessary documents timely and delay in action taken for settling a query internally are contributors in the main effect.

2) Time motion study of the process

a) For receiving duly filled pre-auth forms

It was observed that majority of the time in getting the pre-auth form completed was taken up in getting the doctor's part completed. This was due to the reason that the pre-auth form was given to the patient side itself. It is better to give the forms to be filled to the PCS staff for saving the time

b) After receiving the pre-auth forms

Firstly, it was seen that in nearly half of the cases it is taking more than 2 hours for the query information to be sent internally for receiving the documents/information that is required, so that it could be used for further processing.

The main reason identified for this delay is that the query updating process is not happening timely as a result of which the TPA personnel usually takes up some time for forwarding that query for it to be resolved internally.

Secondly, it was seen that in 68.7% of the cases, the reply for the query that is being sent internally arrives in the TPA department within 2 hours. However in 31.3% of the cases the time exceeds to beyond 2 hours.

The TPA department requires the responses from internal departments of the hospitals for getting an answer to the query. A solution of this problem could be that the TPA personnel can be made to allow an access to the IPD files through the HIS so that they themselves can fetch the required documents/information for forwarding and settling the raised query.

Thirdly, it was seen that time is elapsed in sending the query reply that arrives from departments internally to the provider by the TPA department. It is taking more than 2 hours in 51.7% of the cases.

On the day of discharge, the delay was seen as more than half the cases showed that there was a difference of more than 30 minutes in receiving the final bill and discharge summary in the TPA department. Encouraging more planned discharges, timely return of the medication, and eliminating problems of any pending orders are the major steps that can be taken to reduce the delays that occur in sending the activity and discharge summaries. It is also good to have a better inter-communication between these departments.

In order to identify the practices where any improvement can be made and to give suitable solutions/ recommendations for the same, a tabular description is provided below:

RECOMMENDATIONS

Table 6.1 – Table of Recommendations

S. No.	PRACTICE	RECOMMENDATIONS
1	TPA forms are given to the patient side itself to be filled	There should be dedicated PCS staff that collects the information required from the patient side and fills the form themselves
2	Supporting documents are not sent along with TPA pre-auth form	Supporting documents such as ER notes, OPD papers should be sent along with the pre-auth form when the patient is advised to be admitted from ER or OPD.
3	TPA desk misses to get timely updates from insurer	There should a staff dedicated to timely look after the update mails that are arriving
4	TPA asks for the information from the floors	TPA personnel must have an access to patient documents that are frequently asked for, like, vitals information, medication charts, daily progress notes etc. from HIS
5	TPA in some cases gets delayed discharge summaries leading to delayed approvals	More planned discharges should be encouraged
6	No prior information to TPA desk about planned discharges	Planned discharges should be encouraged and this information should be made available through HIS to the TPA so that running bills could be sent for enhancements or final approvals
7	Less pre admission request practice	It should be encouraged more.

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3) Anchan PS, Jathanna R, Marla A. Evaluation of health insurance and claim process at tertiary care hospital, Mangalore: A case report. Journal of Health Management. 2011 Mar;13(1):97-112.

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5) Sodzi-Tettey S, Aikins M, Awoonor-Williams JK, Agyepong IA. Challenges in provider payment under the Ghana National Health Insurance Scheme: a case study of claims management in two districts. Ghana medical journal. 2012 Dec 1;46(4).

Web addresses and useful information:

1) www.google.com

2) www.britanica.com

3) www.investopedia.com

4) www.godigit.com

ANNEXURES

Tool Used

The tool used for the purpose of analysis in this study is MS Excel which basically is a common Microsoft Office application used for the purpose of saving and analysing the numerical data.

The calculation and computation capabilities of MS Excel was very helpful in calculation and visual representation of the results. In the results, the calculation of percentage of cases that showed various delays was done through MS Excel.